

# Head Start In Iowa

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The mission of the Iowa Head Start Association is to enhance the capacity of its members to promote and advocate for a wide range of quality services for all of Iowa's children and families.

### **Iowa Head Start Association**

c/o Dianne Casto, President
Head Start Director
North Iowa Community Action Organization
P.O. Box 1627
Mason City, IA 50402
tel 641-494-1891
email dcasto@nicao-online.org
www.iowaheadstart.org

### Iowa Head Start State Collaboration Office

Iowa Department of Education Grimes State Office Building Grand Ave. and E. 14th Street Des Moines, IA 50319 tel 515-242-6024 fax 515-242-6018 email tom.rendon@iowa.gov

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Report development team: Georgia Sheriff, Drake University Head Start; Kathie Readout, Mid-Iowa Community Action, Inc.; Mary Jo Madvig, Upper Des Moines Opportunities; Brenda Spurgeon, Southern Iowa Economic Development Association, Tom Rendon, Iowa Head Start State Collaboration Office, Iowa Department of Education.

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# Introduction

The Iowa Head Start Association and the Iowa Head Start State Collaboration Office are pleased to present this annual programs report. This report includes an overview of the eighteen programs that provide Head Start and Early Head Start services in Iowa and how this work results in specific benefits for Iowa's children and families, the early childhood system and the future of the State of Iowa.

### WHAT IS HEAD START?

Head Start and Early Head Start comprehensive child development programs serve low-income children 0–5 and their families, including pregnant women. Authorized under the Federal Economic Opportunity Act of 1964, Head Start focuses on children and their families with the overall goal of improving school readiness and preparing young children for success in the future. Early Head Start, established by the 1994 Head Start Reauthorization, extends vital services to low-income, pregnant women and families with infants and toddlers. Head Start and Early Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; and parent involvement. The entire range of Head Start services is responsive and appropriate to each child's and family's development, ethnic, cultural, and linguistic heritage and experience.

Head Start has a long tradition of delivering comprehensive, high quality services. Nationally, more than 20 million children have received services since its inception. Ongoing studies, such as the Head Start Family and Child Experiences Survey (FACES), provide clear evidence that Head Start works effectively in the lives of children and their families.¹ Based on a nationally representative sample, children of low income typically enter Head Start or Early Head Start at a disadvantage as evidenced by their initial scores on standardized assessments of cognitive skills. With the support of Head Start, however, they make significant gains in the areas of vocabulary knowledge, early writing skills and social and emotional development. Head Start services help to moderate the negative effects of poverty and other risk factors on these children.

For fiscal-year 2003, Head Start was funded at \$6.2 billion and served more than 882,000 children and their families nationwide. In Iowa, 18 Head Start grantees (13 of which also provide Early Head Start services) served 9,328 children and their families during the 2003–2004 program year. Federal funding of approximately \$50 million supported these Iowa programs.

### WHAT DOES THE 2004 IOWA HEAD START ANNUAL REPORT TELL US?

The 2004 report presents data on Head Start and Early Head Start programs, health and disability services, staff and the children and families themselves. Together they provide conclusive evidence of the positive effects of Head Start. In summary, the data in this report show that:

### 1. Head Start offers comprehensive services for children.

As Iowa begins to develop a plan for providing early childhood services for its children, this report shows the extent to which comprehensive services—including health/dental services, preschool education, parent support services and child care—can be provided to children across Iowa. Head Start children are more likely to have dental examinations, to be screened and treated for mental health concerns, to have received their immunizations, and to have a medical home than low income children not in Head Start.<sup>2</sup>

The value here is not just the services themselves but the ability to deliver them to a hard-to-reach population. Head Start is a model for developing local networks of support for the delivery of comprehensive services to Iowa's children as they need them. National standards require these services, but it is local organizations and partnerships that ensure their delivery.

### 2. Head Start puts a priority on parent involvement.

The 2004 Iowa Head Start Annual Report documents the diversity among Head Start parents. Consider:

- 45 percent of Head Start children are in two-parent families
- 70 percent of Head Start families have a least one parent working
- 13 percent are African-American; 12 percent are Latino; 64 percent are white; one-third live in rural areas.

Head Start services help to mitigate the negative effects of violence, depression, and other risk factors for children of low income. The Governor of Iowa considers programs meeting Head Start Program Performance Standards to be among those providing children with a high quality preschool experience.

Family members are empowered to share in program decision-making and to take responsibility for the quality and direction of their children's educational experiences. Head Start provides multiple opportunities for family involvement, including participating in program governance, volunteering with Head Start and attending parent training, adult literacy and career skills classes. Parents make up at least 51 percent of all Policy Councils, the very highest level of authority for individual Head Start grantees. More than 9,000 current and former Head Start parents are volunteers for Head Start in Iowa. As many as 2,314 children had father or father figures participating in organized father involvement activities. Every year, the Iowa Head Start Association sponsors a Parent Leadership Conference, and November 2004's event drew the largest participation ever with nearly 100 parents from around the state. Research shows that parent involvement is a predictor of school success for children.<sup>3</sup> Head Start requires programs to provide many avenues for parents to be involved in their child's education before they start kindergarten.

Head Start provides an array of community services such as housing, clothing and food. Families are invited into a family goal setting process which results in an individual family partnership agreement. Eighty six percent of Head Start families choose to participate in such agreements. Head Start's ability to engage and support parents provides a useful model and resources for the rest of Iowa's early childhood system (see page 9).

### 3. Head Start represents high quality.

Head Start agencies must comply with a set of stringent program performance standards. The Governor of Iowa considers programs meeting these standards to be among those providing children with a high quality preschool experience.<sup>4</sup> Many Head Start programs are also accredited by the National Association for the Education of Young Children (NAEYC) and carry the State of Iowa's Gold Seal designation. In fact, Head Start classrooms account for more than one-third of all NAEYC accredited classrooms in Iowa.

Early Head Start research found that quality of Early Head Start centers was "consistently good." Though the quality of community child care that was used by Early Head Start children was generally lower than in Early Head Start centers, research showed consistent improvement over time. In the long-run, Head Start increased the probability of children experiencing good quality child care whether that service was provided directly by Head Start or by a community child care partner. The higher levels of child care quality related to higher levels of children's cognitive and language development.

Another sign of Head Start's high quality is its commitment to training and professional development. Since 1998, Iowa Head Start programs have increased both teacher qualifications and wages, and offered ongoing professional development opportunities for staff. Research shows that higher levels of education, higher wages and ongoing professional development have a strong relationship to quality in early childhood settings.<sup>8</sup>

The purpose of high quality is to generate powerful results for children. This report shows the results of Head Start's high quality, specifically significant gains in all eight Head Start Child Outcome framework areas (see page 6). The data from the National Reporting System show considerable growth in areas of language, literacy and mathematics, as well as showing the strong performance of Iowa programs compared with national averages.

### 4. Head Start is a valuable partner in helping Iowa reach its vision for early childhood.

This past year saw the growth and development of early childhood system building in Iowa. The Early Childhood Iowa stakeholders group has brought together nearly 40 organizations, groups and entities who have endorsed a single vision and five result areas for Iowa. A special section of this report (pages 11–13) shows how the work of Iowa Head Start programs makes a significant contribution to each of the goal areas established by this stakeholder group. Head Start's success in providing access to health care (including dental and mental screening and services), its commitment to high standards within preschool, its demonstrated success and generating strong child outcomes, its work with families and communities, and its partnerships with child care services point conclusively to the value Head Start/Early Head Start delivers to Iowa children within a comprehensive plan for early childhood.

# Head Start Programs & Children

Eighteen Head Start programs are located throughout the state and housed in community-based organizations, faith-based organizations, schools and other non-profit organizations. Every Iowa Head Start and Early Head Start program operates under federal Head Start Program Performance Standards and is reviewed every three years by a team under the leadership of the Administration for Children and Families Regional Office. Iowa's eighteen Head Start grantees operate 415 Head Start or Early Head Start classes.

In Iowa, 66 percent of children enrolled are eligible based on family income below 100 percent of the Federal Poverty Level. This means that a family of 4 must earn less than \$18,400 to qualify. An additional 26 percent of children enrolled qualify because their family receives public assistance. The balance of children enrolled qualify based on their status as a child in foster care or the allowable 10 percent of over-income children. Full-year and/or full-day child care was needed for 4,046 children enrolled in Head Start and Early Head Start (44 percent) because their parents were either working or enrolled in job training programs. Child care subsidy was received by 963 children, approximately 10 percent of the total number of children enrolled in the program. Seventy-eight percent of programs make child care services available to families that are "wrapped around" Head Start programs through funding from the Iowa Department of Human Services through its Child Care Development Block Grant.

### IOWA HEAD START AGENCIES BY TYPE

Community Action Agency (CAA)	15
Community Non-profit (non-CAA)	2
University	1

FIGURE 01 Actual Enrollment by Age

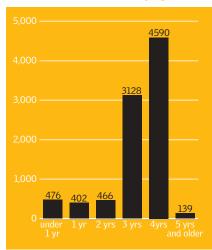


FIGURE 02 Actual Enrollment by Ethnicity

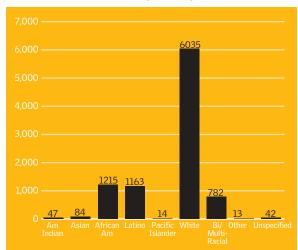
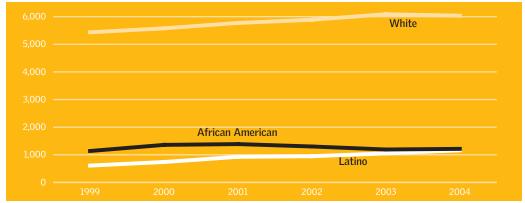


FIGURE 03 Iowa Head Start Enrollment Trends Among African American, Latino and White Children



Source: PIR 2004



A family of four must earn less than \$18,400 to qualify for Head Start.

# **Head Start Health & Disability Services**

Head Start's commitment to wellness embraces a comprehensive vision of health for children and their families. Head Start and Early Head Start programs, through collaboration among families, staff and health professionals, assure all child health and developmental concerns are identified. Children and their families are linked to regular, accessible care to meet their basic health needs. Each child visits a health care provider, on a schedule of preventive and primary health care, to ensure that problems are quickly identified and addressed. Early identification and treatment of health problems reduce complications and improve health outcomes.

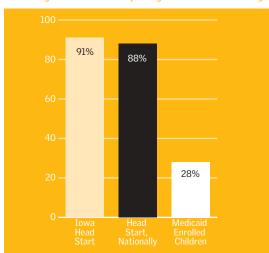
During 2004, 95 percent of children were connected to an ongoing source of continuous and accessible health care. To compare this with a similar population of children of low income, consider that 90 percent of Iowa Head Start children were screened for health and development, whereas a 1997 study found only 28 percent of children nationwide enrolled in Medicaid managed care were up-to-date in required screenings, and an estimated 60 percent received no screenings.9 During 2004, 92 percent of children in Iowa Head Start had some form of health insurance compared to only 79 percent children of under 19 and in families at or below 200 percent of poverty. Even though Head Start children typically come from families at 100 percent or less of poverty, their rate of insurance coverage is significantly higher than even those from families of higher income.

Head Start also has an impressive history of providing services to children with disabilities by supporting their inclusion in all classroom and program experiences. Since 1972, Head Start has operated under a mandate to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. Head Start and Early Head Start programs partner with community agencies including public schools to design individual education plans for children with disabilities and provide services to promote each child's development.



Early identification and treatment of health problems reduce complications and improve health outcomes.

FIGURE 04
Percentage of Children Completing All Medical Screenings

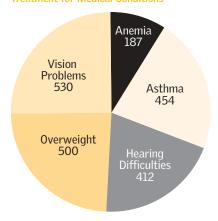


SOURCE: 2004 HS PIR Comparison data from 1996 Medical Expenditures Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ), reported in General Accounting Office. (2000). Dental Disease is a Chronic Health Problem Among Low-Income Populations. Washington, DC: CLASP. Cited in Irish, Schumacher, and Lombardi (2004) "Head Start Comprehensive Services: A Key Support for Early Learning for Poor Children," CLASP Policy Brief #4, Washington, D.C.: Center for Law and Social Policy.

Because Head Start is able to get children the services they need when they are younger, children are less likely to use special education services in public school, reducing state and federal costs for these programs.<sup>10</sup>

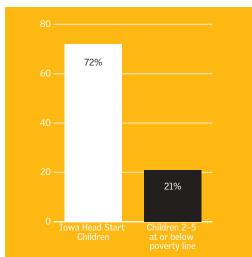
Head Start and Early Head Start programs provide developmental, sensory and behavioral screenings for children during enrollment. During the 2003–2004 program year, 13 percent of children in the program had a diagnosed disability, nearly all of whom (93 percent) received services or special education under Individualized Education Plans (IEPs) or Individualized Family Service Plans (IFSPs). Eighty-six percent of enrolled children (8,033 children) completed screenings for developmental, sensory and behavioral concerns. Of this number, 1,259 were identified as needing a followup assessment or formal evaluation. These data reflect the important process of early identification of special needs and ensure children receive appropriate services as soon as necessary to support their continued development.

FIGURE 05 Number of Children Receiving Treatment for Medical Conditions



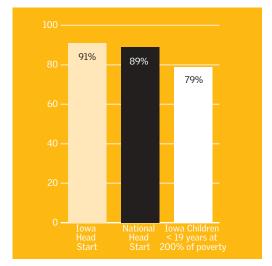
Nearly all children diagnosed with a disability receive needed services or special education under IEPs or IFSPs.

FIGURE 06 Dental Examinations



SOURCE: 2004 HS PIR. Comparison data from a 1997 HHS report cited in General Accounting Office (2001), U.S. General Accounting Office. (2001), Medicaid: Stronger Effects Needed to Ensure Children's Access to Health Screening Services, and reported in Irish, Schumacher, and Lombardi (2004) "Head Start Comprehensive Services: A Key Support for Early Learning for Poor Children," CLASP Policy Brief #4, Washington, D.C.: Center for Law and Social Policy.

FIGURE 07 Percentage of Children with Health Insurance



SOURCE: 2004 HS PIR. Comparison data from U.S. Census Bureau, Current Population Survey, 2004 Annual Social and Economic Supplement.

# **School Readiness**



Growth occurred for all children enrolled, whether in part-day or full-day programs.

To give children a "head start," Head Start supports their development so they are ready for the social and academic challenges of school. Head Start is required to follow a concrete curriculum and prepare children in eight domains. The Head Start Child Outcomes Framework includes:

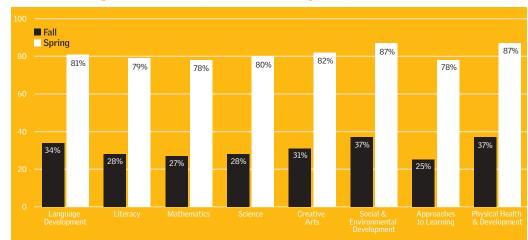
Language Development Creative Arts

Literacy Social & Emotional Development
Mathematics Approaches to Learning

Mathematics Approaches to Learning
Science Physical Health & Development

In Iowa, Head Start programs measure progress of individual students in these eight areas. According to a recent report analyzing Creative Curriculum Continuum child outcomes data in several Iowa Head Start programs in 2004, Head Start children saw growth and development in each of these areas.<sup>11</sup>

FIGURE 08 Percentage at Proficient Levels (includes 3-4 and 4-5 year-olds)



Growth occurred for all children enrolled, whether in part-day or full-day programs. Overall, between the fall and spring assessments, approximately 80 percent of children were assessed at the Step II or Step III level of development. Progress is evident for both 3–4 year-olds as well as 4–5 year-olds. By spring, 59 percent of 3–4 year olds and 89 percent of 4–5 year-olds had been assessed at either a Step II or III.

Students whose primary language was not English tended to have noticeably lower assessment scores on average, but showed greater fall to spring growth than those whose primary language is English. Children of color performed almost identically to white children, suggesting that there is no achievement gap in Head Start. The results suggest that Head Start is preparing all children to be ready to succeed in school.

### CREATIVE CURRICULUM CONTINUUM DATA

The following graphs describe outcomes with respect to primary language and race.

FIGURE 09 Literacy

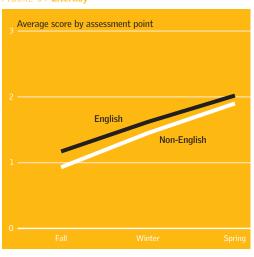
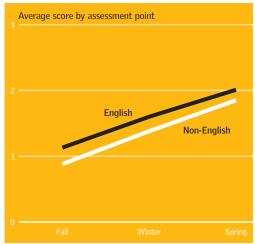


FIGURE 10 Mathematics



Source: Iowa Head Start Outcomes Summary for the 2003–2004 School Year

FIGURE 11 Science

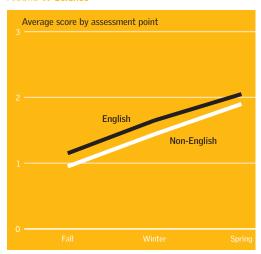
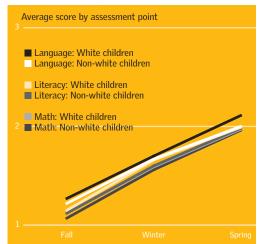


FIGURE 12 Race and Language, Literacy and **Mathematics Development** 



Source: Iowa Head Start Outcomes Summary for the 2003-2004 School Year

Iowa data mirror the findings from the Head Start National Reporting System (NRS). The NRS assessment was administered in the fall 2003 and spring 2004. Every Iowa Head Start program assessed 4 and 5-year-old children who were scheduled to begin kindergarten in the fall of 2004. Large gains in average scores were shown in each of the four assessment areas: oral language, receptive vocabulary, letter-naming and early math skills. These gains indicate Iowa Head Start children show greater improvement than their national peers, even in cases when they began the year behind national averages. By the end of the year, most children showed "proficient" skill levels that could be construed as comparable to typical children. See graphs, next page.



Children of color performed almost identically to white children, suggesting that there is no achievement gap in Head Start.

FIGURE 13 Understanding Spoken English (average)

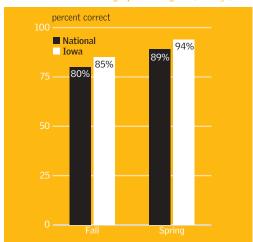


FIGURE 14 Receptive Vocabulary (average)

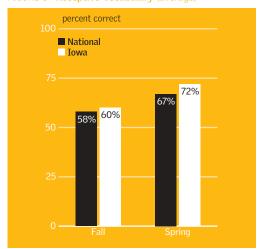


FIGURE 15 Letter Naming (average)

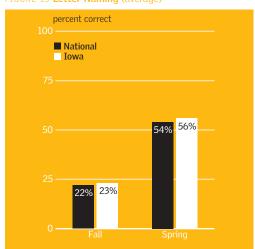
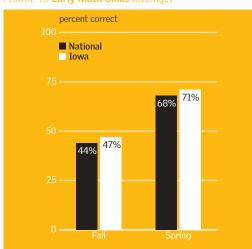
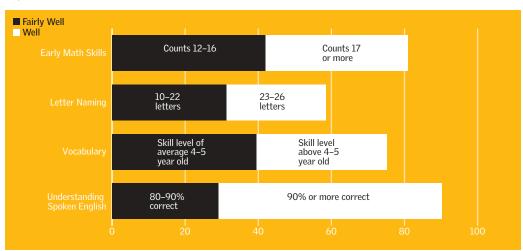


FIGURE 16 Early Math Skills (average)



 $\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} FIGURE~17~ \begin{tabular}{ll} Percent~of~ Iowa~ children~ performing\\ at~proficient~ levels^{12} \end{tabular}$ 



Source: NRS, 2004

# **Head Start Families**

### Head Start recognizes that children develop within the context of their own family and culture.

The entire range of Head Start services is accordingly responsive to the individual child and his or her family's development, ethnic, cultural, and linguistic heritage and experience. Programs respect parents as the primary educators and nurturers of the child and offer family members opportunities for growth and change, based on the belief that they are best able to identify their own strengths, challenges and interests, and seek solutions accordingly. During the 2003–04 program year, Iowa Head Start and Early Head Start programs provided services to 8,529 families, 31 percent of which received cash benefits or services under the Temporary Assistance for Needy Families (TANF). These families received a broad range of services from Head Start or through referrals to community agencies.

FIGURE 18 Iowa Head Start Families

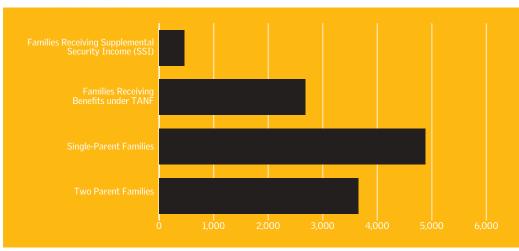


FIGURE 19 Two-Parent Families: 3,651

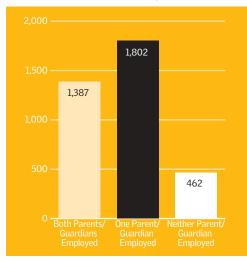
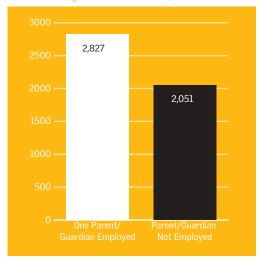


FIGURE 20 Single-Parent Families: 4,878





Programs respect parents as the primary educators and nurturers of the child.

# **Head Start Quality Staff**



Programs with better paid teachers have higher morale and lower turnover, both of which are directly related to enhanced program quality.

The relationship between quality of staff and outcomes for children is well documented. Studies confirm that teacher compensation, experience and qualifications, most notably the level of teacher education, make a big difference in the lives of children. Better educated teachers have more positive, sensitive and responsive interactions with children, provide richer language and cognitive experiences and are less authoritarian, punitive or detached. Programs with better paid teachers have higher morale and lower turnover, both of which are directly related to enhanced program quality.<sup>13</sup>

When Head Start was reauthorized by Congress in 1998, it required that 50 percent of all teachers have at least a 2-year degree or a Child Development Association credential by 2003. By the end of the 2003 program year, 72 percent had at least a two year degree and another 25 percent had a CDA. Though required of only 50 percent of teachers, Head Start programs in Iowa had 96 percent of teachers reaching this standard.

	Teachers	Asst. Teachers	Home Visitors	Child Development Supervisors	Home- Based Supervisors
TOTAL	455	221	78	68	20
Staff Credentials					
Graduate degree, ECE/related	16	0	2	9	2
Baccalaureate degree, ECE/related	255	37	53	46	11
Associate degree, ECE/related	110	64	8	6	6
CDA credential	74	120	15	7	1
Staff without degrees or credentials					
Enrolled in ECE/ related degree program, but with a CDA/equivalent	23	25	5	6	0
Enrolled in ECE/related degree program, but without a CDA/equivalent	2	50	3	0	0
No CDA/Equivalent but enrolled in any type CDA/equivalent training	2	62	1	0	0

Recent Head Start Program Information Report (PIR) data paints a strong picture of quality in Iowa Head Start programs. Figures reflect the investment in professional development that has resulted in better trained staff, lower turnover and increased wages. As seen in the table below, Head Start staff rank higher than a typical child care center on critical indicators of quality.

Staff quality only matters when it translates into quality for children. This is true for Head Start. The National Head Start Family and Child Experiences Survey (FACES), launched in 1997, used a variety of indicators to measure quality experiences for children including child-adult ratio, teacher-child interactions and classroom activities to measure Head Start quality. Results indicated that Head Start quality is consistently good over time. In fact, Head Start has a better quality with less variation than seen in child care centers and preschools in several other national studies.

Quality Indicators	Iowa Child Care Centers or Preschools	Iowa Head Start Programs	Iowa Public Schools
Average staff turnover rate	35%	13%	N/A
Percentage of programs that have assistant teachers with bachelor's degree	16% ees	42%	N/A
Percentage of programs that have teac with bachelor's degrees	hers 48%	84%	100%
Average hourly wage for teachers	\$9.91	\$14.54	\$25.67

Source: "Who's Caring for Iowa's Children: Early Care and Education Workforce Study 2003," Iowa: Iowa Early Care and Education Professional Development and Iowa State University Extension, December 2003; Head Start PIR data, 2003

# Helping Iowa Fulfill Its Vision for Early Childhood

In 2002, representatives from early childhood programs, organizations and initiatives across Iowa developed and agreed to a single vision for the early childhood system in Iowa and results and goals to achieve that vision. Early Childhood Iowa (ECI), a confederation united to develop a more comprehensive and integrated early childhood system for Iowa, has continued this system development work, incorporating health, education and social services that support young children and their families. The following table outlines how Head Start activity has supported the result areas and goals adopted by ECI.

### Vision:

EVERY CHILD, BEGINNING AT BIRTH, WILL BE HEALTHY AND SUCCESSFUL.

RESULT: HEALTHY CHILDREN			
GOALS:	Head Start contribution to goal (2004 figures unless indicated)	Pct change 2002–2004	Pct of Iowans this represents
Increase access to and utilization of social, emotional and mental health services.	Numbers diagnosed and received services: 1900	+2%	< 1% of all Iowa Children (7.8% of Iowa children in poverty)
Increase access to and utilization of preventive health care services	8,339 Head Start children received screenings	+1%	3.7% of all Iowa Children (34% of all Iowa Children in poverty)
Increase the number of children with a medical home	8,962 Head Start children with medical homes	+17%	4% of all Iowa Children (36% of all Iowa Children in poverty)
Increase the number of children with a dental home	7,772 Head Start children with dental homes	+19%	3.4% of all Iowa Children (31% of all Iowa Children in poverty)
Increase the number of children with health care coverage	8,601 Head Start children with health insurance	+6%	3.8% of all Iowa Children (35% of all Iowa Children in poverty)
Increase access to and utilization of prenatal care services	181 pregnant women in Early Head Start 61 (34%) of these considered to have medically "high risk" pregnancies.	-1%	< 1% of total live births <sup>14</sup> (6.6% of pregnancies in Iowa resulted in low birth weights) <sup>15</sup>

continued



Head Start recognizes that children develop within the context of their own family and culture.

### VISION, CONTINUED

RESULT: CHILDREN RI	EADY TO SUCCEED IN SCI	100L	
GOALS:	Head Start contribution to goal (2004 figures unless indicated)	Pct change 2002–2004	Pct of Iowans this represents
Increase the capacity of schools to be ready to meet the educational needs of all children	N/A	_	_
Increase the level of performance of children in the areas of learning, communication, movement, self-help, social skills and emotional health	Pct of Head Start Children who are proficient: Learning: 79% <sup>16</sup> Communication: 81% <sup>17</sup> Movement: 87% <sup>18</sup> Social skills and emotional health: 87% <sup>19</sup>	From fall 03 to spring 04: Learning: 52% Communication: 47% Movement: 50% <sup>20</sup> Social skills and emotional health: 50	
Increase family capacity to provide a quality early learning environment	4,403 Head Start families received parenting education	+7%	5.2% of all parents with children under 6 <sup>22</sup>
Increase access to affordable quality early learning environments for all children	Provides affordable, high quality preschool (or Early Head Start services) to 9,395 children	+4%	4% of all children (0–5) [38% of all children (0–5) in poverty]
RESULT: SECURE AND	NURTURING FAMILIES		
GOALS:	Head Start contribution to goal (2004 figures unless indicated)	Pct change 2002–2004	Pct of Iowans this represents
Increase the safety of children in their home environments	301 Head Start families received child abuse and neglect services	-5%	_
Increase positive relationships between children and parents	4,403 Head Start families received parent education	+7% (increase in percentage of families served who received parent education)	5.2% of all families with children under 6 <sup>23</sup>
Increase the number of families who have sufficient resources to provide a stable home to support the well-being of children	8,529 Head Start families offered resources to provide a stable home	+4%	10% of all families with children under 6
Increase effective opportunities to learn about child development and parenting skills	4,403 Head Start families received parenting education	+7% (increase in percentage of families served who received parent education)	5.2% of all families with children under 6 <sup>2</sup>

continued

### VISION, CONTINUED

RESULT: SAFE AND SUB	PPORTIVE COMMUNITIES		
GOALS:	Head Start contribution to goal		
Increase public engagement and support for families with young children.	Head Start requires its programs to encourage parent and staff advocacy and engagement (c.f, Head Start Performance Standards 45 CFR 1304.40(g)). Parent representatives make up the majority of Head Start Policy Councils, are members of the Iowa Head Start Association, participate in an annual Head Start Parent Leadership training and Day on the Hill advocacy. This year Head Start initiatives put parents front and center with a parent mentoring/literacy training and special fatherhood support efforts. Head Start led parent focus groups on the Iowa Early Learning Standards.		
Increase workplace commitment to families	Nearly one-fourth of Head Start en and Early Head Start staff) are cur		
Increase community investment in early care, health and education system	Head Start represents a \$50 million contribution toward services for children and families in Iowa, a 6% increase between 2001 and 2003.		
Increase the recognition of cultural diversity and the promotion of culturally competent practices.	Head Start Program Performance S diversity which is reflected in cultu child health and developmental ser CFR 1304.21), child nutrition (45 C 1304.40) equipment, toys, material children with disabilities (45 CFR 1 Head Start are from racial or ethni increased by one percent since 200	rally competent practic vices (45 CFR 1304.20) FR 1304.23), family pa s and furniture (45 CFF 308.7). Thirty-six perce c minority groups. This	es with respect to b, education (45 rtnerships (45 CFR R 1304.53(b)), and ent of children in
RESULT: SECURE AND N	IURTURING CHILD CARE E	NVIRONMENTS	
GOALS:	Head Start contribution to goal (2004 figures unless indicated)	Pct change 2002–2004	Pct of Iowans this represents
Increase the number of high quality child care/early learning environments for <i>all</i> children	Provides affordable, high quality preschool (or Eearly Head Start services) to 9,395 children	+4%	4% of all children (0–5); 38% of all children (0–5) in poverty
Increase parent and community knowledge about quality child care/early learning environments	Nearly 4,500 Head Start and Early full-year care because parents wor needs met by full day/full year serv Start. The rest use other child care knowledge about quality child care assisting parents in finding such ch Head Start). In this way, Head Starprovides them with, quality care en	k. Two-thirds of these c rices through Head Star , almost always with He /early learning environr ild care (this is always t informs parents abou	hildren have their t or Early Head ead Start providing nent, sometimes the case in Early
Increase parent and community demand for quality child care/ early learning environments	Head Start and Early Head Start so children. This creates a demand for Start and Early Head Start.		
Increase the accessibility and affordability of high quality child care/early learning environments for all children	Provides affordable, high quality preschool (or Early Head Start services) to 9,395 children	+4%	4% of all children (0–5); 38% of all children (0–5) in poverty

# **National Priorities**



The number of families who have been served by marriage education services has increased more than 100 percent!

Head Start is a program of the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services. ACF has designated the following priorities which its programs are expected to address. Here is a summary of some of the work Head Start in Iowa has accomplished under these priorities during 2004:

Fatherhood. This priority addresses helping men become responsible, committed and involved fathers. Sixteen of Iowa's 18 grantees offer organized and regularly scheduled activities designed to involve fathers or father figures in Head Start. During the past year, at least four grantees have sponsored fatherhood gatherings or trainings. Overall, the number of families who have been served by marriage education services has increased more than 100 percent! The Iowa Head Start State Collaboration office supported an Iowa Head Start-sponsored conference and facilitated, with the assistance of Mid-Iowa Community Action Head Start, regular statewide networking to support fatherhood work within Head Start grantees as a follow-up to the national conference on fatherhood sponsored by the Head Start Bureau in June, 2004. Thirteen grantees attended the national conference.

Rural Initiative. This priority seeks to strengthen rural families and communities. Head Start has classes in every single Iowa county except for Adair County, including Iowa's five least populated counties: Adams, Ringgold, Wayne, Audubon and Taylor. Head Start's presence in rural communities strengthens both families (through Head Start services) and the communities themselves (through employment and collaborations). For example, in the towns of Shanendoah and Harlan, Head Start has partnered with community organizations including a private preschool and a public school to build a child care center. This partnership was highlighted at the 2004 Iowa Early Care, Health and Education Congress as an example of successful collaboration that received support from the U.S. Department of Agriculture's Rural Development Fund.

**Healthy Marriage.** This priority helps couples who choose marriage to develop the skills and knowledge to form and sustain health marriages. Overall, the number of families in Iowa Head Start programs who have been served by marriage education services has increased by more than 100 percent over the past two years!

Good Start, Grow Smart. President Bush's early childhood initiative placed a number of challenges on states, and the Iowa Head Start Association has addressed them. His "Strengthening Head Start" initiative included implementing the new National Reporting Service. Head Start in Iowa met this challenge and the results are reported here. Another challenge required each state to draft Voluntary Early Learning Guidelines. Head Start was involved in the drafting of the Iowa Early Learning Standards. The Iowa Head Start Association designed and implemented a focus group process to solicit feedback from parents, child care providers, preschool teachers and other stakeholders, which helped shape the proposed standards.

# **Head Start Collaborations**

**Developing effective and cooperative relations with partners** at a local and state level is how Head Start in Iowa meets its high standards and generates important results for children. In 2004, there were efforts to increase collaboration in the following areas:

### CHILD CARE

Statewide efforts continue to support and advance a number of child care quality initiatives. First, a feasibility study and proposal for a Quality Rating System was completed. Second, the Child Care Center Business Practices Program started in 2004. Its goal is to improve the quality and accessibility of child care in Iowa by assisting child care centers in the development and implementation of sound management practices, and making available limited financial assistance to centers in the form of forgivable loans. The Head Start Collaboration Office and Head Start Technical Assistance Network supported the reading of the first loan applications, some from centers in partnership with Head Start, and encouraged Head Start leaders to be trainers in the effort. The very first round of training will be co-sponsored by Head Start in Davenport early in 2005. Third, Iowa's licensed T.E.A.C.H. program began its first semester in the fall of 2003 by awarding fifty-five TEACH scholarships. These scholarships allow recipients to attend nine separate community colleges, including some online programs. Five Head Start employees are among the TEACH scholarship recipients representing three Head Start grantees.

Building on past success of Head Start using federal child care dollars through a unique "wrap-around" funding grant, efforts to encourage and expand use were employed, with a record number of wrap-around grants submitted this year. Iowa Head Start Association acknowledged the leadership of Jody Caswell of the Iowa Department of Human Services with a special recognition in 2004. Overall, the number of Iowa Head Start or Early Head Start children who received a child care subsidy (including wrap-around) grew by 7 percent from 2003 to 2004.

### IOWA COMMUNITY EMPOWERMENT

The Head Start State Collaboration Office initiated new efforts to enhance relations between Head Start and Iowa Community Empowerment. Activities included publishing an article on successful local Head Start/Community Empowerment, a presentation by the state Community Empowerment Coordinator at the Head Start Parent Leadership Conference on serving on Local Empowerment Boards, a presentation by the coordinator at a IHSA meeting and regular meetings with the statewide Community Empowerment team. These contacts and conversations led to use of Head Start community planning materials by local Community Empowerment coordinators and a presentation on oral health to Empowerment coordinators. Overall, some kind of collaboration is occurring in 32 of the 58 Community Empowerment areas. The most common types of collaborations include funds to expand services to children not eligible for Head Start, using Head Start performance as a local indicator for results accountability, developing new joint projects, expanding services (e.g., literacy or transportation) for Head Start children and facilitating community partnerships with public schools and other entities.

### PUBLIC SCHOOLS

The level of cooperation with public school and public education entities is growing. Forty-seven of Iowa's 370 school districts have Head Start classrooms and serve 1,413 children.<sup>25</sup> Iowa Head Start agencies have formal agreements to coordinate services with 125 Local Education Agencies (or Part C agencies serving infants and toddlers) and 130 formal agreements with school districts to coordinate transition services for children and families. This represents a 60 percent increase in LEA/Part C agreements over 2002 and a 22 percent increase in school district agreements since 2002.

In general, collaborative activities with schools are diverse. Here is a noteworthy example from 2004: In Waterloo, Tri-County Head Start and the Waterloo Public Schools launched a new collaboration in which Head Start funds teachers as employees of the school district to work in a Head Start classroom housed in the district. The district provides the room and most of the equipment needs. Head Start provides the assistant teacher and the family services mandated by Head Start performance standards. The bottom line results:



Some kind of collaboration with Iowa Community Empowerment is occurring in 32 of 58 Empowerment areas.

The Iowa Head Start State Collaboration Office coordinated the development of an action agenda that shaped activities in 2003 and 2004.

- 100 percent of lead teachers have a BA degree and an early childhood education endorsement (versus only 57 percent in other Tri-County programs or 53 percent in Iowa Head Start programs)
- Cognitive development test results are higher than in other Tri-County programs.

### EARLY CHILDHOOD SPECIAL EDUCATION

In 2002, a signed Memorandum of Understanding among the Iowa Head Start Association, the Iowa Department of Education and the Region VII office of the Administration for Children and Families (U.S. Department of Health and Human Services) set a higher bar for cooperative agreements at a local level. Agreements should look at administrative, programmatic, and professional development responsibilities relating to nine components of program implementation:

- · Child find
- · Screening including referral
- Evaluation
- · Family involvement
- IEPs/IFSPs
- · Early intervention or special education and related services
- Eligibility and/or Entitlement
- Transition
- Staff/Parent development

This framework has set the stage for support and emphasis on the re-writing and implementation of stronger agreements in the future. These new and improved agreements will pave the way for improved services for children with disabilities and others needing screening and assessment services.

The Natural Allies project, funded by a grant through Frank Porter Graham Child Development Center of the University of North Carolina, conducted a series of training around the state on professional development of personnel to work with young children (0–5) in inclusive community settings. Head Start staff participated in each of the four regional workshops. The Iowa Collaboration Office was involved in the planning of these training events. The office also supported the attendance of Head Start parents at a special workshop to prepare them to be presenters during professional development events, so students would have first hand information from a parents perspective.

The Iowa Head Start State Collaboration Office promoted participation by Early Head Start in the Module Five of the West Ed infant/toddler training that addresses children with special needs. The training was offered by Iowa's Program for Infant Toddler Caregivers (PITC). Ten of the 58 participants were from Head Start. An Iowa Head Start Technical Assistance State Specialist served on the PITC advisory committee.

### ORAL HEALTH

After a seminal Head Start/Early Head Start Oral Health Care Forum in April 2003, sponsored by the Iowa Head Start Association, the Iowa Head Start State Collaboration Office coordinated the development of an action agenda that shaped activities in 2003 and 2004. The goals and strategies of the forum led to the following activities:

- Break-out sessions on early childhood oral health at the 2003 and 2004 Iowa Early Care, Health and Education Congresses
- A networking training session on effective use of Health Services Advisory Councils
- The development of oral health information packets distributed to child care providers, state legislators, county health boards and Community Empowerment coordinators
- · A comprehensive list of Head Start, Hawk-I and Medicaid contacts in every Iowa county,
- The dissemination of oral health best practices information sheets among these organizations and people

The Oral Health Bureau of the Iowa Department of Public Health designated a person specifically to work with Head Start and these efforts. The group secured funding from Delta Dental of Iowa and the Mid-Iowa Health Foundation for a new parent curriculum project to deliver training on early childhood caries prevention.

# **Iowa Head Start: Looking to the Future**

Even after more than 35 years of service and a successful track record helping families and children of low income thrive, there are still children who are in need and who are not benefiting from the program. There is still more work to do.

The Governor of Iowa, Tom Vilsack, has committed himself to making early childhood a priority for his 2005 legislative agenda. This unprecedented opportunity compels Head Start to help build the early childhood system Iowa so desperately needs. Head Start's success makes it evident that we are able partners, capable of delivering comprehensive and high quality services. Its partnership role can take many forms, including:

- Expanding its service to all children living in poverty
- Being a model for the importance and the capacity to provide comprehensive services that are essential for children to grow up healthy and successful
- Encouraging and developing its own preschool/child care partnerships
- · Supporting monitoring and quality improvement within new early childhood initiatives

Iowa Head Start looks forward to serving the children and families of the state for many years to come, providing them with the highest quality educational building blocks, as well as the health and social services they need in order to be ready to succeed in school—the best head start in life.

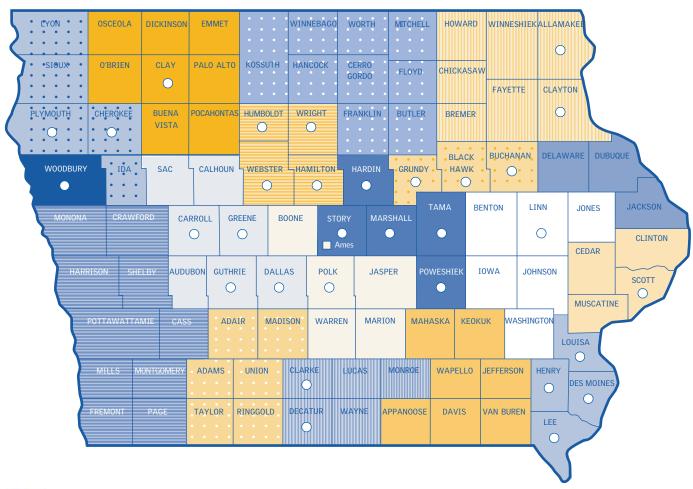


### ENDNOTES

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# **Head Start Programs in Iowa**





### **Iowa Head Start Association**

c/o Dianne Casto, President Head Start Director North Iowa Community Action Organization P.O. Box 1627 Mason City, IA 50402 tel 641-494-1891 email dcasto@nicao-online.org www.iowaheadstart.org

### Iowa Head Start State Collaboration Office

Iowa Department of Education Grimes State Office Building Grand Ave. and E. 14th Street Des Moines, IA 50319 tel 515-242-6024 fax 515-242-6018 email tom.rendon@iowa.gov

gency Providing Programs	Headquarters	Phone
Community Action of Siouxland	Sioux City	712-274-1610
Community Action of Southeast Iowa	Burlington	319-753-0193
Community Opportunities, Inc.	Carroll	712-792-9266
Drake University Head Start	Des Moines	515-271-1854
Hawkeye Area Comm. Action Prog., Inc.	Hiawatha	319-393-7811
Iowa East Central Train	Davenport	563-324-3236
Matura Action Corporation	Creston	641-782-8431
Mid-Iowa Community Action Inc.	Marshalltown	641-752-7162
Mid-Sioux Opportunity, Inc.	Remsen	712-786-2001
North Iowa Community Action Organization	Mason City	641-494-1891
Northeast Iowa Community Action Corp.	Decorah	563-382-8436
Operation New View Head Start	Dubuque	563-556-5130
South Central Iowa Comm. Action Program	Leon	641-446-4155
Southern Iowa Economic Dev. Association	Ottumwa	641-682-8741
Tri-County Head Start	Waterloo	319-235-0383
Upper Des Moines Opportunities, Inc.	Graettinger	1-800-245-6151
West Central Development Corporation	Moorhead	712-886-5218
Your Own United Resources, Inc.	Fort Dodge	515-573-2453

O Denotes Early Head Start offered; all others provide Head Start only.